

## New Employee B&O Tax Credit Annual Report

Annual Report

Please submit this completed annual report and worksheet on back to the Department of Revenue at the address below by *January 31, 2008.* 

Name of Business:	
Contact Name:	Title:
Phone Number:	Fax Number:
<ol> <li>Department of Revenue Tax Reporting Account Numl</li> <li>Department of Employment Security Identification Numl</li> <li>Is your company located in a Community Empowerment of the community Empowerment and the community Empowe</li></ol>	mber:
(If yes, list the names and addresses of your employed	es who reside within the CEZ on a separate page.)
<ul> <li>Quarter 1:</li> <li>Total FTE positions. (Quarter 1, line 3 from the worksheet)</li> </ul>	Total ⇒ Over \$40,000
• Of the total FTE positions, how many were over \$40,000?	
Please list the hire date(s) for each new position filled in this quart     Please attach additional sheets if needed	
Quarter 2:	Total
Total FTE positions. (Quarter 2, line 3 from the worksh	
	Over \$40,000
• Of the total FTE positions, how many were over \$40,000	0? ⇒
Please list the hire date(s) for each new position filled in this quart     Please attach additional sheets if needed	ier:
<ul> <li>Quarter 3:</li> <li>Total FTE positions. (Quarter 3, line 3 from the worksh</li> </ul>	Total ⇒ Over \$40,000
Of the total FTE positions, how many were over \$40,000	
Please list the hire date(s) for each new position filled in this quart     Please attach additional sheets if needed	ter:
Quarter 4:	Total
• Total FTE positions. (Quarter 4, line 3 from the worksh	
	Over \$40,000
• Of the total FTE positions, how many were over \$40,000	0? ⇒
<ul> <li>Please list the hire date(s) for each new position filled in this quart Please attach additional sheets if needed</li> </ul>	er:
Note: Manufacturer's New Employee Tax Credit, WAC 45	58-20-240, may be found at http://dor.wa.gov.  Return report to:
⇒ Signature	Taxpayer Account Administration
⇒ Date	1 0 000 47470
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## ANNUAL REPORT Worksheet

Please Submit this Report by *January 31, 2008*.

1 FTE (Full-Time Equivalent) = 455 or more hours worked

Under \$40,000 means the number of positions with wages and benefits under \$40,000. Over \$40,000 means the number of positions with wages and benefits over \$40,000.

<u>Qı</u>	uarter 1	Under \$40,000	Over \$40,000	Total
1)	All employees (new and existing) that worked 455 hours or more.	+	=	
2)	Add the hours of all part time employees (new and existing) who worked less than 455 hours. Divide this number by 455.	/	455 +	
3)	Total Full Time Equivalent Positions (FTE). Add line one and line two.	Quarter 1 Total:		
<u>Qı</u>	uarter 2	Under \$40,000	Over \$40,000	Total
1)	All employees (new and existing) that worked 455 hours or more.	+	=	
2)	Add the hours of all part time employees (new and existing) who worked less than 455 hours. Divide this number by 455.		455 +	
3)	Total Full Time Equivalent Positions (FTE). Add line one and line two.	Qua	arter 2 Total:	
<u>Qı</u>	uarter 3	Under \$40,000	Over \$40,000	Total
1)	All employees (new and existing) that worked 455 hours or more.	+	=	
2)	Add the hours of all part time employees (new and existing) who worked less than 455 hours. Divide this number by 455.		455 +	
3)	Total Full Time Equivalent Positions (FTE). Add line one and line two.	Qua	arter 3 Total:	
<u>Qı</u>	uarter 4	Under \$40,000	Over \$40,000	Total
1)	All employees (new and existing) that worked 455 hours or more.		=	
2)	Add the hours of all part time employees (new and existing) who			
	worked less than 455 hours. Divide this number by 455.	/	455 +	

Return report to:

Taxpayer Account Administration Special Credits & Assessments Team PO Box 47476 Olympia, WA 98504-7476

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